

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10-750-479**  
APPLICANT(S)

FILED DATE **12-31-03**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11		3		3		
12		3		3		
13	1		1			
14				1		
15				1		
16				1		
17		4		4		
18	1		1			
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27		3		3		
28		3		3		
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50						
TOTAL IND.	3		3			
TOTAL DEP.	36		36			
TOTAL CLAIMS	39		39			

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL DEP.						
TOTAL CLAIMS						